

Immunology/Plant Pre-examination Checklist

Serial Number: 09/203548

	YES	NO	N/A	
A. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequence In Case
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2964 CRF Entered
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sequence Complies with Sequence Rules (If No see Attached Letter)
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRF entered in parent <u>07/222 284</u>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Figures seen by draftsman
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abstract
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oath/Declaration in file
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oath/Declaration signed by all applicants
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oath/Declaration Includes all residences
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oath/Declaration Includes Foreign continuity Data
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oath/Declaration Includes US continuity Data

B. Examiner -- Please check to determine if the following are required:

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restriction Requirement
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequences in claims not in compliance with sequence rules and may be required to search case

If any of part B above are necessary, please act on and complete within 15 days.

E. C. Ward Reviewers Name